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AUTHOR Statman, James M.
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INSTITUTION Catholic Univ. of America, Washington, D.C. School of Education.
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ABSTRACT

Community mental health programs are examined in terms of the political function which the author sees them as serving. The evaluation was drawn in the context of a community undergoing rapid social change, viz. the urban ghetto. The comprehensive community mental health approach was viewed as part of the white response to the increasing militancy of the minority people who inhabit the ghetto. Three interrelated questions are the focus of the analysis: (1) does the "mental health" effort serve to divert community resources from more meaningful efforts? (2) does the employment of neighborhood leaders in "paraprofessional" jobs serve to alienate these leaders from their community, thereby weakening the neighborhood power base? and (3) are federally funded programs free to confront the basic oppressive institutions in our society? On all three counts the author concludes that community mental health serves a repressive function by diverting community energies from their primary task, their own freedom. The intropsychic approach in an oppressed community mystifies, pacifies, and continues the oppression of the individual. (TL)

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Community Mental Health as a Pacification Program

James M. Statman

The Catholic University of America

> There is no necessity for working social scientists to allow the political meaning of their work to be shaped by the 'accidents' of its setting, or its use to be determined by the purposes of other men. It is quite within their powers to discuss its meaning and decide upon its uses as a matter of their own policy.
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> -C. Wright Mills

To be professionally concerned with problems of social and mental health in America is to take a political stance. No longer can we remain professionally detatched from the political and social upheavals which surround us. The rush of events of the last decade have made this quite clear. No longer can we self-righteously proclaim an "end to ideology", assert that ideology has no place in the helping professions or maintain the myth of a value free social and behavioral science. For within this declaration of neutrality lies, we may suspect, a less-than-critical acceptance of prevailing social and political values. In a society in which health, education and welfare are largely matters of government policy, and low priority matters at that, it becomes especially important for those concerned with the planning, administration and execution of such services to critically examine their role. The omnibus community mental health programs established in the urban ghettos serve real political and social functions both in these neighborhoods and in the society as a whole. In this paper we will attempt to examine some of these functions so that we may, as Mills suggests, come to understand and control the political meaning of our work.

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It has long been recognized that individual mental health is related to the quality of the social and economic milieu in which the person exists (e.g. Hollingshead & Redlich, 1958; Srole et. al., 1962; Langner & Michael, 1963; Peck, Kaplan & Roman, 1966). The problmes of individual survival posed by life in the urban ghetto, as well as the tensions generated by inter-group social conflict and rapid social change surely must take their toll (Klein & Statman, 1969). Thus the comprehensive community mental health approach aims not simply at bringing services closer to the person, or at coordinating and oiling the bureaucratic wheels of existing health services, but also at confronting oppressive institutions within the community. The approach then, is to provide community as well as group and individual therapy; to include what have been termed "social action" as well as "mental health" aspects. (Peck et. al., 1966) Peck, Kaplan and Roman (1966) for example, were among the first to decry the "...failure to recognize the potential mental health implications of social action programs or conversely the need to build certain social action components into community mental health programs." While we would agree with this concern, we would add that with the birth of comprehensive community mental health programs, such as the Albert Einstein-Lincoln Hospital project in New York, the time has come to begin to also evaluate the social action implications of community mental health.

Such an evaluation obviously cannot be drawn in a vacuum. Indeed, the most general defining characteristic of such programs is that they self-consciously and purposively exist, functionally as well as geographically, within a community. Thus, it is only within the context of the community in process, and more likely than not, a community undergoing rapid social change, that they can be judged.

Any evaluation of community mental health programs then, must begin by looking at the community itself. While there are obviously many inter-community variations, we would suggest that it is not unreasonable to characterize the urban ghetto today as in a state of active transformation and rebellion. The movement of black and other minority peoples for liberation, has been the most explosive and far-reaching event of recent times. Every ghetto neighborhood has been affected; every block, housing project and high school has been reached, every person has been changed. Within every urban ghetto indigenous, militant social action has been planned and often executed, changing the social and economic reality of the ghetto as well as the psychological reality of the ghetto resident.

White society has responded to the black liberation movement with both the carrot and the stick. Blacks and other minority people in America have always known the face of white oppression, and the police still patrol the ghetto like members of an army of occupation. Yet along with repression and "backlash", we have also seen "wars on poverty" and "great societies." Indeed, it has become something of a cliche to note that ghetto uprisings, though first met with armed might, are later burried under a deluge of benevolent social welfare programs.

The comprehensive community mental health approach is clearly a part of this white response. As the black movement has escalated in militancy, so too have both faces of the white power structure. (Only recently, as the black movement pushes still further, has the carrot been withdrawn, leaving only the stick.) Federally sponsored community mental health programs are one manifestation of this escalation. Such programs are created in the heart of the ghetto. They influence all the service agencies which affect the community. They seek out neighborhood leaders, open store-fronts and

hire community people. Their presence is quickly noted; they cannot be ignored.

The oppression and exploitation of colonial people, whether in Asia, Africa and Latin America or in the black and brown ghettos of the United States has, under varying social and historical conditions, operated at many levels and taken a variety of forms. Most obvious of course is that oppression enforced through the club, the dog and the gun by the occupying police or army. Here the message is clear; one must obey or be destroyed by the sheer brutal might of the oppressor. However, the compliance-s exacted by the use of massive force represents only one, and not necessarily the most effective means of inducing obedience. Indeed, there is much in the literature of social psychology (cognitive dissonance theory, for example) as well as in the history of oppressed peoples to suggest that it is often the employment of only that minimal force required to insure compliance which proves to be most effective. This may be especially true if such force is presented in a form which is not readily perceived as coercive or which in fact is seen as helpful in intent by both the agents of oppression and the oppressed. The mystification of experience which accompanies the acceptance of such "kindnesses" creates a form of oppression far more destructive than that of the armed occupier. Thus, in the urban ghetto of America today, it is the Social Worker, the Psychologist and the Educator who play the key oppressive role-who have become the "soft police".

Our paper will focus upon such repressive functions, inherent in the community mental health movement. Regardless of the altruistic intent of the staff, federally funded community mental health programs aimed at the ghetto serve to pacify the neighborhood-to mystify and mollify

justifiable outrage and thereby prevent action for meaningful change. Our analysis suggests that by diverting neighborhood concern towards problems of "mental health" and away from efforts to confront the basic oppressive institutions in our society, such programs function to maintain the status quo rather than to advance the interests of the oppressed community.

Our analysis will focus upon a brief consideration of three interrelated questions: (1) Do urban ghettos need "mental health" or does the professional clinical approach serve to divert community resources from more meaningful efforts? (2) Does the employment of neighborhood leaders as mental health aides or in other "para-professional" job slots serve as a form of cooptation, alienating these leaders from their community and thereby weakening the neighborhood power base? (3) Is it naive to believe that federally funded social action programs are free to confront the basic oppressive institutions in our society?

Let us first consider the question of social action..Such programs are usually envisioned in terms of grassroots organizing aimed at modifying oppressive institutions within the community. Yet, the changes in community social and economic conditions engendered by such concerted actions are not their sole value. For within the process of organizing, of rising up in struggle and of course, in winning, lies a potent form of therapy - a rekindling of hope and of personal efficacy in those long suffering the weight of oppression.

Yet, social action obviously means more than developing civic pride or conducting a neighborhood

institutions which oppress the community one soon discovers that they do not yield to the application of mild pressures or the force of moral indignation, and that such institutions are in fact interrelated in a complex

web which imprisons the community. The experience of the last decade, as well as of the labor movement, is quite clear; social action, if it is to succeed, means militancy and whether it is at first directed at private institutions, such as slum housing, or whether municipal institutions such as the school, sanitation, housing or welfare systems are attacked, the issue must inevitably find the community and the ruling power structure at odds. Why should we doubt this? Obviously the oppression of the ghetto is more than an accident of history, a bad habit or a product of malign neglect. Such oppression exists as an integral part of our political and economic system, and will be defended by those ruling elements in the system which profit from this form. Thus, only militant organizaing and action can lead to liberation.

Can we really expect that social action projects which owe their continued existence to governmental support are free to challenge govenmental and corporate institutions which oppress the ghetto? How long would local power structures permit their influence to be threatened by a government sponsored militant opposition? Thus, despite the honest intent of the staff, such programs have built into their structure, a brake upon their effectiveness. For as social action increases in militancy, pressures will arise within the organization to go slow, to compromise and to tone down the program in order to save it. Well meaning men will gradually face a conflict between their program, which they have created, nurtured, fought and worked hard for, their jobs, and the pressure for that degree of militancy required for success. To expect that such social action programs will opt for militancy is like expecting an Army sponsored college peace group to storm the Pentagon.

Our concern however, is not due simply to these programs built-in lack of efficacy. Rather, their pacificatory function lies in their ability to involve militant and potentially militant individuals and groups in their futile programs. Such involvement leads to a situation in which a federally funded agency is able to locate and to some degree, give direction to and control, ghetto opposition. As the community mental health social action projects will undoubtedly be better funded than grassroots social action groups, there will be pressure on indigenous organizations to cooperate with these projects; here leaflets can be typed and printed or sound equipment borrowed. Increasingly, local groups will come to depend on and have a stake in the program. Even if militant neighborhood organizations ignore or oppose the community mental health project, the conflict between groups can only serve to split and confuse the community as well as to wastefully engage the energies of the militant group.

The social action aspect of community mental health programs serves as a good example of cooptation. As William Gamson (1969) has noted, cooptation is an important though subtle form of social control. This mechanism, which "involves yielding access to the most difficult and threatening potential partisans" (Gamson, 1969) attempts to defuse potentially explosive opponents by incorporating them into the structure of the organization, of the system, which they oppose and inducing them to identify with and subject themselves to, the rewards and punishments which the organization bestows. Perhaps the clearest example of the cooptive function of community mental health programs can be seen in their emphasis upon the cooptation of neighborhood leaders through the creation of what has been condescendingly termed the - "para-professional."

The employment of indigenous personnel in social action and mental health service programs functions not simply to teach and train, but also to alienate these leaders and potential leaders from their community, to turn their energies away from militant social action for the community and towards personal success. Let me cite a rather striking example of such cooptation. During the 1969 Orthopsychiatric convention in New York, a community control dispute errupted at the Lincoln Hospital community mental health program. As the convention opened, several staff members were arrested in a sit-in at Lincoln Hospital and others were suspended. As many of you will recall, this dispute spilled over into, and soon became a volatile issue at the convention. At the invitation of the dissidents and with the cooperation of the hospital administraion, almost thirty convention participants were given a tour of the Lincoln Hospital project and encouraged to discuss the controversy with both clients and staff. On this tour, several of us met a young black neighborhood worker, a militant who had spent time in the South as a civil rights worker, and who sat in his office, reading, surrounded by posters of Malcolm X and other revolutionary leaders, seemingly oblivious to the conflict boiling all around him. Several of us expressed our surprise at finding him so curiously uninvolved in the dispute. His somewhat annoyed explanation was quite simple. As part of his training program, this young man had been given the opportunity to enroll in a local community college. It was mid-term time and so, regardless of the issues, he had to study for his examinations. Who were we, he added, with our advance degrees, to criticize him for seizing this chance for success. Although one could only agree with him, it seemed clear that the community had lost one of its potential leaders.

While cooptation can be employed by incorporating neighborhood leaders into many types of organizations, community mental health programs present an especially effective form of mystification and cooptation-what we may term the "psychologicalization of discontent." No one will deny that ghetto communities are in need of improved mental health services, or that neighborhood people will find some value in seeking out and participating in such programs. However, in an environment of extreme poverty and oppression, to focus upon individual problems of mental health is to divert community energies from their primary task, their own liberation. The problem of the ghetto is not one of psychopathology. To convince an individual in an oppressed community that the root of his problem is intrapsychic is to mystify him, pacify his legitimate and healthy anger, and surely, to oppress him.

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